

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Bob Anderson Office (if applicable) Assembly District (if applicable) 15
 Mailing Address (include city and zip code) 3363 ROLAN CRT, LAS VEGAS, NV 89121 Telephone No. 702 737 5977
 E-Mail Address Bobson1999@msn.com

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ AMENDED ☒ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- ☒ Annual Filing - Due January 15, 2006
 Period: January 1, 2005 - December 31, 2005
☐ Report #1 - Due August 8, 2006*
 Period: Jan. 1, 2006 - Aug 3, 2006
☐ Report #2 Due - October 31, 2006*
 Period: Aug. 4, 2006 - Oct. 26, 2006
☐ Report #3 Due - January 15, 2007**
 Period: Oct. 27, 2006 - Dec. 31, 2006
☐ Annual Filing - Due January 15, 2007
 Period: January 1, 2006 - December 31, 2006

FOR OFFICE USE ONLY

- * These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
 ** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
 2. Total Monetary Contributions Received of \$100 or Less
 (See page 2 of instruction sheet)
 3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
 4. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

5. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
 6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
 7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
 9. Total Monetary Expenses Paid of \$100 or Less
 (See page 2 of instruction sheet)
 10. Total Amount of All Monetary Expenses Paid
 (Add Lines 8 and 9) (See page 2 of instruction sheet)
 11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
 12. Disposition of Unspent Contributions
 (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
 (See page 3 of instruction sheet)

6,141.42 6,141.42
 163.60 163.60
 6,305.02 6,305.02

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Bob Anderson

Signature

EL201.doc

Revised: Sep-05

Date 3
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REC'D BY CCED

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ENS
Name (print)

ANDERSON

ASSEMBLY
Office (if applicable)

400000
15
District (if applicable)

Expense Categories

EXPENSE CATEGORIES	
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

